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REISSUE PATENT APPLICATION TRANSMITTAL

		AIRIS
Attorney Docket No.	000309.00005	e
First Named Inventor	Michael B. McGraw	
Original Patent Number	5,836,995	563 700
Original Patent Issue Date	November 17, 1998	9/2/
Title Portable Muscle	Stimulator with Pulse Width Control	. jcs

APPLICATION FOR REISSUE OF: Utility Patent	☐ Design Patent ☐ Plant Patent				
APPLICATION ELEMENTS	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231				
Fee Transmittal Form (Submit an original and a duplicate for fee processing)	ACCOMPANYING APPLICATION PARTS				
	7. Transfer drawings from Patent File				
Specification and claims	8. □ Foreign Priority Claim (35 U.S.C. 119)				
3. ■ Drawing(s)	9. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations				
	10. □ English Translation of Reissue Oath/Declaration				
4. ■ Reissue Oath or Declaration (copy from parent appln.)	11. □ Small Entity Statement filed in prior application. Status still proper and desired.				
	12. □ Preliminary Amendment				
5. Original U.S. Patent already surrendered in parent appln.	13. White Advance Serial No. Postcard				
Offer to surrender original-patent (copy-from-parent appln.)	14. □ Other:				
^{or} □ Ribboned Original Patent Grant					
☐ Affadavit / Declaration of Loss					
6. Original U.S. Patent currently assigned?					
■ Yes □ No					
if yes, check applicable boxes (all documents copied from parent appln.)	* .				
■ Written Consent of all Assignees					
■ 37 C.F.R. §3.73(b) Statement ■ Power of Attorney					
15. CORRESPOND	ENCE ADDRESS				
BLANK ROME COMISKY & MCCAULEY LLP THE FARRAGUT BUILDING SUITE 1000 900 17 TH STREET, NW WASHINGTON, DC 20006 TEL (202) 530-7400 FAX (202) 463-6915					

	el C. Greenbaum	Registration No.:	28,419
Signature:	/////	Date:	4/24/00

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number

000309.00005

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					filed - Part 1	Claims as		
4	Fee		Rate		Number Extra	Number Filed in Reissue Application	For	Claims in Patent
	\$0.00	=	\$18	×	0	14	Total Claims	42
	\$0.00	=	\$78	×	0	1	Independent	6
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	Claims Remaining After Amendment (after any cancellation)	Highest Number Previously Paid For	E	xtra Claims		Rate		Fee
Total Claims		-	=	0	×	\$18	=	\$0.00
Independent		-	=	0	×	\$78	=	\$0.00
				Total of a	bove o	calculation	ons	\$0.00
		□ Re	duction	by 50% for fili	ng by	small er	ntity	\$0.00
				Tota	l Add	itional F	Fee	\$0.00

	Please charge Deposit Acc	ount No. 23-2185 in the amount of \$345.00 A duplicate copy of this sheet is enclosed.
	The Commissioner is herel credit any overpayment to	authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or eposit Account No. 23-2185. A duplicate copy of this sheet is enclosed.
0	A check in the amount of	to cover the filing/additional fee is enclosed.
	•	

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Michael C. Greenbaum (Reg. No. 28,419)

Signature of Applicant, Attorney or Agent of Record

Typed or printed name



Approved for use through 9/30/00. OMB 0651-0033

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE APPLICATION BY THE INVENTOR, OFFER TO SURRENDER PATENT

Docket Number (Optional)

0309.002/P

1	. Y
	This is part of the application for a reissue patent based on the original patent identified below.
1	Name of Patentee(s)
-	Michael B. McGRAW and William A. RUX
'	Date Patent Issued
7	5,836,995 November 17, 1998
	PORTABLE MUSCLE STIMULATOR WITH PULSE WIDTH CONTROL
	I am the inventor of the original patent.
	I offer to surrender the original patent.
	1. X Filed herein is a certificate under 37 CER 3.73(b).
	The same of the sa
	2. Ownership of the patent is in the inventor(s), and no assignment of the patent has been made.
	·
	One of boxes 1 or 2 above must be checked.
	The written consent of all assignees owning an undivided interest in the original patent is included in this application for reissue.
	this application for reissue.
s	ignature M () O A H
-	Date 4/7/99
T	/ped or printed name Michael B MacRay
-	ped or printed name Michael B. McGRAW
	William R. RUX
T	he assignee owning an undivided interest is said aside. International Rehabilitation
aı	nd the assignee consents to the accompanying application for reissue.
11	hereby declare that all statements made begin of
fir	ere made with the knowledge that willful false statements and the like so made are punishable by
ie.	ne or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may
de	opardize the validity of the application, any patent issued thereon, or any patent to which this
	ame of assignee
Siç	nternational Rehabilitative Sciences, Inc.
	Date
Tvr	ped or printed name and the state of the sta
. 11	ped or printed name and title of person signing for assignee
امرون	RICK TERRELL - PRESIDENT

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/PatentOwner_International Rehabilitative Sciences, Inc.
Application No./Patent No.: 5,836,995 Filed/Issue Date: November 17, 1998
Entitled: PORTABLE MUSCLE STIMULATOR WITH PULSE WIDTH CONTROL
Science Terminational Rehabilitative
,a,a
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
states that it is:
1. X the assignee of the entire right, title, and interest; or
2. an assignee of an undivided part interest
in the patent application/patent identified above by virtue of either:
A. [X] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the Patent and Trademark Office at Reel <u>7858</u> , Frame <u>0297</u> , or for which a copy thereof is attached.
OR_
B. [] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:
1. From:
The document was recorded in the Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.
2. From: To: To:
The document was recorded in the Patent and Trademark Office at
Reel, Frame, or for which a copy thereof is attached.
3. From: To:To:
The document was recorded in the Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.
[] Additional documents in the chain of title are listed on a supplemental sheet.
[] Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the PTO. See MPEP 302-302.8]
The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.
APRIL 5 1999 Rus Levell-PREJIDENT Signature
RICK TERRELL Typed or printed name
PRESIDENT
. Title

Number REISSUE APPLICATION FEE TRANSMITTAL FORM 000309.00005 Claims as filed - Part 1 Claims in Number Filed in Reissue For **Number Extra Patent** Application Rate Fee 42 **Total Claims** 14 0 \$18 \$0.00 6 Independent 1 0 \$0.00 \$78 Basic Fee (37 CFR 1.16(h)) \$690.00 Total of above calculations \$690.00 ■ Reduction by 50% for filing by small entity \$-345.00 **Total Filing Fee** \$345.00

Ciairis as Airichaea T art 2	Claims	as	Amended	-	Part 2
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*	Claims Remaining After Amendment (after any cancellation)	Highest Number Previously Paid For	E	xtra Claims		Rate		Fee
Total Claims		-	=	0	×	\$18	=	\$0.00
Independent		-	=	0	×	\$78	I=T	\$0.00
				Total of a	bove	calculation	ons	\$0.00
		□ Re	duction	by 50% for fili	ng by	small en	tity	\$0.00
				Tota	ıl Ado	litional F	ee	\$0.00

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■ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 23-2185. A duplicate copy of this sheet is enclosed.

¬ 4	A check in the amount of	to cover the filing/additional fee is enclosed
	A CHECK III the amount of	to cover the mind/additional ree is enclosed

24,2000

Date

Signature of Applicant, Attorney or Agent of Record

Michael C. Greenbaum (Reg. No. 28,419)

Typed or printed name

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